

## Financial Support for On-Going Training

Date of Request:

Clinic Name:

WIC Coordinator:

Please complete the attached form for each person for whom you are requesting financial support. All Local Agency staff members who receive financial support must agree to write an article for the WIC newsletter and submit the Article to the State Agency within 30 days of attending the training event.

Requests for State Agency support for training are limited to three requests per clinic per federal fiscal year. Refer to policy ADM 11.02.00 Financial Support for Local Agency On-going Training for details.

Submit to Patrice Thomsen by fax to 785-296-1326,  
email [pthomsen@kdheks.gov](mailto:pthomsen@kdheks.gov) or postal mail.

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For State Agency Staff Use:

Date Request Received:

Approved: \_\_\_\_\_Yes                      \_\_\_\_\_No

Amount of Financial Support Provided:

SA Training Coordinator Signature:

Complete the following information for each person who is asking for financial support from the State WIC Office.

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Person who will be attending:

- Name:
- Job title:
- Percent Full Time Equivalent (FTE):
- Percent of Time Worked for WIC:
- How does the training relate to the person's WIC job responsibilities?

Title of Training Event:

Location:

Date(s) of Training:

Estimated Cost of the Training (Include explanation as needed.)

- Registration
- Travel (Include type and list all travel expenses, including parking, tolls, etc. Maximum mileage reimbursement is the current allowance, usually announced annually in the January Information Memo. As of Jan. 1, 2015 maximum mileage allowance for driving is \$ .575/mile.)
- Lodging (Include number of nights, rate, and taxes)
- Food cost per day \_\_\_\_\_ X \_\_\_\_\_ days = \_\_\_\_\_ estimated food cost. (Food paid only w/ overnight stay)
- Total \$ Requested

Please attach a brochure or flyer about the training's purpose, agenda, etc.